EN'S PLAC

729 Ridg	e Sti	reet
Bethlehem,	PA	18015

For Office Use:
Date arrived:
Date left:
Completed 90 days:

STEPHEN'S PLACE APPLICATION FORM

				DATE:
ERSONAL:				
D.O.B.:	BIRTHPI	LACE:	DL#:	
		NEVER ISSUED LENGTH		EXPIRED
LIST ALL FOR	MS OF ID YOU H	POSSESS:		
TELEPHONE N	0	EMAIL ADDR	ESS	
ARE YOU CUR	RENTLY IN A C	OMMITTED REL	ATIONSHIP?	YES/NO
MARITAL STA	TUS:	CHILDREN: Y	ES/NO	
YES/NO DIPLO	MA: YES/NO:	HIGHESGRA	DECOMPLET	ED;GED:YES/NG
COLLEGE: HO	W MANY YEAR	S? OTHER EI	DUCATION/TI	RAINING:
RELIGIOUS PR	EFERENCE:			
LEGAL: HISTO	DRY OF INCARC	CERATION:		
CURRENTLY I	NCARCERATED): YES/NO STATE	COUNTY	
CURRENTLY C	DN PROBATION	PAROLE: YES/N	O: IF SO, WHA	ATCOUNTY
CURRENT OFF	ENSE:			
SENTENCE RE	CEIVED:			
CHARGES PEN	NDING? YES/NC)		
PRIOR INCAR	CERATIONS:			
DATE OF YOU	R LAST INCARC	CERATION:		
OFFENSE:				
HAVE YOU EV	ER BEEN CONV	ICTED OF A SEX	CRIME? YES	/NO
HAVE YOU EV	ER BEEN CONV	ICTED OF ARSO	N? YES/NO	
	ER BEEN CONV assault, simple as	ICTED OF A VIO sault)	LENT CRIME	? YES/ NO
LIST ANY REH	ABS, COMMUN	ITY BASED PROC	GRAMS AND C	DUTPATIENT
ATTENDED:				
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LIST DRUGS USED: (Including alcohol)

 CURRENTLY EMPLOYED? YES/NO

 IF SO, WHERE?
 POSITION:

 WEEKLY INCOME:
 DO YOU HAVE HEALTH INSURANCE? YES/NO

MEDICAL:

DO YOU HAVE ANY PHYSICAL HEALTH DIAGNOSIS? YES/NO IF SO, PLEASE EXPLAIN:

DO YOU HAVE ANY MENTAL HEALTH DIAGNOSIS?

LIST OF ALL MEDICATIONS:

I AGREE THAT STEPHEN'S PLACE INC. MAY USE PHOTOS OF ME WHILE RESIDING AT STEPHEN'S PLACE FOR THE PUSPOSES OF FURTHERING THE MISSION OF STEPHEN'S PLACE:

X_____